Facility Rental Application/Invoice

Name (Individual Responsible) _____ Today's Date _____

Name of Organization/Event _____ (If) Non-Profit-Tax Exempt # _____

Mailing Address _____City _____State _____NC___ Zip _____

Home Phone _____Work Phone _____Fax _____E-Mail_____

Room Requested _____ Purpose of Rental _____

Date of Event _____Times Requested (Beginning to End)_____

Facility Use: ____ **Do you plan to raise and/or collect money?**

                 ____ **Do you intend to serve food? (Caterers must be licensed, insured and approved by Museum)**

                 ____ **Do you intend to serve Alcohol? (Additional $200 fee, Security Guard, Bartending personnel and ABC License)**

                 ____ **Will there be music? _____DJ   _____Band   (Requires contact with Museum Staff)**

                 ____ **Will you publicize the event? (Museum must approve all invitations, flyers, mailings, advertising, etc.)**

                 ____ **Will there be decorations? (Decorations cannot be affixed to the facility walls. Other restrictions apply)**

*Total Rental Fee Required $_____   **Deposit Enclosed $_____(non-refundable)*
50% Balance $_____ Due _____
Full Balance $_____Due_____

Prices reflect rental of the requested space only.
Tables, chairs and all decorations and cleaning are the responsibility of the renter.

This application serves as a request for a rental and invoice. A representative of the Museum of the Albemarle will call to confirm your rental.
**All deposits must be received as of the date of the application. Once approved, <u>50% of the remaining balance is due 30 working days prior</u> to the event with the <u>remainder of the balance due 10 working days prior</u> to the event. Failure to return proper paperwork within 30 days will result in an automatic cancellation of event request. Make checks payable to the "Friends of the Museum of the Albemarle, Inc."

I certify that I am authorized to act for the above named applicant and that said applicant will be responsible for any and all damages to the equipment or facility, or any injuries that occur while it is used by the applicant, and that the charges as stated will be paid. I further certify that the requested facility will be utilized strictly in accordance with the above stated purpose and type of activity to be conducted. I have read and agree to abide by all policies pertaining to the facility use agreement.

_____   _____
Applicant Signature   Date